

# UGC Associate Membership

*Each Active member is entitled and urged to propose Associate members for membership. Each Associate will be billed and required to pay the dues applicable to membership in this category. An Associate membership is entitled to all normal membership privileges and services except singing at rehearsals and concerts.*

PLEASE PRINT LEGIBLY

## *Applicant's personal information*

First  First Name:  Middle  Last name:   
initial:

Nickname:  Suffix:  (JR, III, MD, DDS)

Home  Apt./Unit/Floor

City:  State  Zip

Phone  Weekend phone  Home fax

Spouse's first  Spouse's last name (if

Alma Mater  Year graduated:

Birth date (not published)

## *Applicant's business information (optional)*

Business

Street  Suite/floor:

City:  State  Zip:

Phone  2nd phone  Fax

E-mail

*I hereby apply for admission to Associate Membership in the University Glee Club of New York City.*

*I understand that Associates are entitled to all privileges of the UGC except as a singing member in rehearsals and concerts.*

*Applicant's Signature:*  *Date:*

*Proposed by:*   
*(UGC Active member - Print and Sign your name)*

*Seconded by:*